Revision: HCFA-PM-91-4 (BPD) Supplement 1 to ATTACHMENT 4.19-B
Page 1
OMB No.: 0938STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NEW MEXICO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

 Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below).

- Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
- 3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ____ of this attachment, for those groups and payments listed below and designated with the letters "NR".
- 4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ____ of this attachment (see 3. above).

TN No9/-/9_	OOT	4 1001
Supersedes Approval Date JAN 1 5 1992 TN No. 89-02 PCSL-17	Effective Date OCT	1 1331
TN No. 89-02 POCL-17	Directive Duce 50:	
The Mot		
	HCFA ID. 7002F	

ĺ	STATE NOW MEXICO	
Ì	DATE RECED DEC 1 7 1991	_
	DATE APPV'D JAN 1 5 1992	Α
1	DATE EFF 0CT 01 1991	
	HCFA 179	

Supplement 1 to ATTACHMENT 4.19-B Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 Page 2 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT NEW MEXICO State/Territory: ____ METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance Part A MR Deductibles MR Coinsurance QMBs: Part B MR Deductibles MR Coinsurance Part A $\frac{MR}{}$ Deductibles $\frac{MR}{}$ Coinsurance Other Medicaid Recipients Part B \underline{MR} Deductibles \underline{MR} Coinsurance Part A MR Deductibles MR Coinsurance Dual Eligible MR Coinsurance (QMB Plus) Part B MR Deductibles Approval Date JAN 15 1992 Effective Date OCT 1 1991 TN No. Supersedes TN No. ___

> JAN 1 5 1992 DATE APPLY Α

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD) Supplement 1 to ATTACHMENT 4.19-B
AUGUST 1991 Page 3
OMB No.: 0938
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: NEW MEXICO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

TN No. 91-19
Supersedes 89-02 Poge 17

HCFA ID: 7982E

STATE WW MOXICO

DATE REC'D DEC 1 7 1991

DATE APPV'D JAN 1 5 1992

DATE EFF OCT 0 1 1991

HCFA 179